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at the University of Tennessee. Dr Dagogo-Jack has published over 200 scientific papers and abstracts and 20 book chapters. He has been elected to the Association of American Physicians and the Alpha Omega Alpha Medical Honor Society, and is a Fellow of the Royal College of Physicians of London, the American College of Physicians, and the American College of Endocrinology.

We colleagues from the field of endocrinology. We thank everyone who has participated for their time and great effort, especially the expert authors for contributing such thought-provoking discussions on a variety of topics. With a significant focus on diabetes and obesity, this edition will be available to attendees at the imminent scientific sessions of the American Diabetes Association (ADA). The annual meeting of the ADA is the premier global diabetes summit, and the 74th scientific sessions taking place in San Francisco, June 13–17, 2014, will be no exception. For decades, the ADA scientific sessions have attracted tens of thousands of basic, translational, and clinical diabetes researchers, clinicians and educators, and diabetes advocates from every inhabited continent of the world.

It has been estimated that the prevalence of diabetes would increase from 382 million in 2013 to 592 million in 2035, a 55 % increase overall. Poorly controlled diabetes is the leading cause of blindness in adults, chronic kidney disease, peripheral neuropathy, and lower extremity amputation. Diabetes also is a major risk factor for macrovascular complications. Owing to the typically several years' delay between onset and diagnosis, nearly one-quarter of patients with type 2 diabetes already have developed one or more microvascular complications by the time of diagnosis. These complications account disproportionately to the hundreds of billions of dollars consumed by diabetes care.

The projected increase is particularly steep in low and middle-income countries, with limited resources to deal with the costs associated with control of diabetes and its complications. Thus, aggressive promotion and practice of primary prevention becomes imperative for all societies, especially developing countries. The comprehensive scientific menu offered at the ADA's 74th scientific sessions represents a broad landscape of pure and applied knowledge. That landscape encompasses novel insights from molecular genetics and epigenetics of diabetes, emerging therapies, pearls from landmark trials, practical strategies and best practices, lifestyle interventions, and the science of prevention. Besides the ADA and other sister professional organizations, the National Institutes of Health, the World Health Organization, the Medical Research Council, the European Union, the Japanese Ministry of Health, Government and civic agencies in China, India, Africa, North America, South America, Australia, and all parts of the world are focused on diabetes. The partnership among academia, industry, and government has already yielded tremendous results in diabetes: increased understanding of the mechanisms underlying the disease, increased targeting of drugs to specific defects, and effective preventive strategies. With the current deployment of such a monumental global asset in intellect and resources, one can expect fundamental breakthroughs to occur before long. Much progress has been made with diabetes since the 1920s, but much remains to be done. A child with diabetes in 1920 was not expected to survive 1 year. Thanks to the fruits of medical research, today people with diabetes live longer, fuller lives. The ongoing global efforts by diabetes researchers can only lead to greater progress, perhaps even a cure, in the future. It is only a matter of time before even diabetes succumbs to the overwhelming force of science.